								Application or Docket Number						
	PATENT	APPLICATIO	RD	·										
Effective October 1, 2003								1077746						
CLAIMS AS FILED - PART I (Column 2)									SMALL ENTITY TYPE O			OTHER THAN R SMALL ENTITY		
π	OTAL CLAIMS		24					RATE FEE		1	RATE F		Ε·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 385.00		OR	basic fee	770	.00	
TOTAL CHARGEABLE CLAIMS			7 Se minus 20=		· <b>પ</b>			xs 9- 36		OR	X\$18=	X\$18=		
INDEPENDENT CLAIMS					9			X43•		OR	X86=	•		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=				
* If the difference in column 1 is less than zero, enter "O" in column 2							1	TOTAL	44	OR	TOTAL			
CLAIMS AS AMENDED - PART II											OTHER			
2-7-06 (Column 1) (Column 2) (Column 3)								SMAL	ENTITY	OR	SMALL	_	_	
Y	·	REMAINING NU AFTER PREV		PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIO	NAL	
AMENDMENT	Total	2 4	Minus		9	- /		X\$ 9=	7	OR	X\$18-7			
	Independent	• 2	Minus	***	3 .	• /		X43•	1-/-		X85=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									<del>                                     </del>	OR	7	_	_	
·								+145=		OR	1/290=			
								TOTA NODIT, FE		OR	TOTAL ADDIT, FEE			
(Catumn 1) (Catumn 2) (Catumn 3)														
AMENDMENT B	9/2/06	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADOI- TIONAL FEE		RATE	AO TIOI FE	VÀL	
	Total	. 24	Minus	-0	4	• / '		XS 9=		OR	X\$18=		П	
	incependent	NTATION OF AR	Minus	PENDENT.	CAIM	-/-		X43-		OR	X86=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1/	OR	+290=			
2/12/87								TOTAL DOIT, FEI		OR	YOTAL ADDIT, FEE			
	XIIV	(Column 1)		(Colum		(Catumn 3)		•						
EMT C	4 /	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAIDA	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIOI FE	WL	
Ž Q	Total	24	Minus .	24		- /	Γ	X\$ 9=		OR	X\$18=			
AMENDMEN	independent	.3	Minus	-	· ·	-/	t	X43-			X86=		一	
L	FIRST PRESE	NTATION OF MU	rtiple de	PENDENT	CLAIM		1			OR	~~~			
* If the entiry by a storm 1 is here. Once the entire 2 water 2 water 2											+290=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADOIT. FEE OR ADOIT. FEE														
1	he Highest Num	nce: Previously Paid be: Previously Paid	For (Total (	independe	W # 574	u a' ear, a',	r tour	nd in the a	propriete par	in col	urten 1.			

FORM PTO-475 Re- 10031

Office, U.S. DEPARTMENT OF COMMERCE